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PROPOSAL TO PROVIDE MANAGEMENT CONSULTING SERVICES

PRESENTED TO
WASHINGTON DEPARTMENT OF HEALTH

WORK REQUEST # 19022

JUNE 29, 2007

HEALTH MANAGEMENT ASSOCIATES

June 29, 2007

Bart Eggen
Department of Health
State of Washington
Olympia, WA

RE: Contract #32206 Professional Services: Work Request #19022

Dear Mr. Eggen,

Health Management Associates (HMA) is pleased to submit our response to **Work Request #19022** for a proposal to conduct an evidence-based review and provide a report to the Department of Health which identifies the circumstances and makes recommendations when adult elective percutaneous coronary interventions should be allowed in Washington at hospitals that do not otherwise provide on-site cardiac surgery.

The management team assembled by HMA includes staff members with demonstrated experience who are uniquely qualified to provide consulting services for the Health Department.


Jack Raba, M.D., will be the primary contact for this project, and will serve as project manager. His contact information is as follows:

Jack Raba, Principal
Health Management Associates
180 N. LaSalle St. Suite 2305
Chicago, IL 60601 *ext. 30*
Phone: 312-641-5007, Fax: 312-641-6678
Email: jraba@healthmanagement.com

Thank you for the opportunity to bid on this very significant work. As president of Health Management Associates, I am authorized to bind the firm to this proposal.

We are confident that Health Management Associates can provide exemplary services on the project and we look forward to your decision in this matter.

Sincerely,


Jay Rosen,
President

Janice Truelove
517-482-9236

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INTRODUCTION

HMA will conduct an evidence-based review and provide a report to the Department of Health which identifies the circumstances under which adult elective percutaneous cardiac interventions should be allowed in Washington at hospitals that do not otherwise provide on-site cardiac surgery. This report will assist the Department in developing rules for the issuance of a certificate of need to hospitals to provide elective percutaneous coronary interventions without on-site cardiac surgery.

SCOPE OF SERVICE

HMA proposes the following workplan:

1. Identify the types of procedures to include in the review.
2. Conduct a literature review to determine guidelines for the following:
 - a. Training and experience
 - b. Minimum volume standards for the physicians performing the procedures
 - c. Risk adjusted patient outcome standards.
3. Confirm the methodology and level of evidence of all studies, applying the evidence-based approach to the development of clinical practice guidelines as used by the US Preventive Services Task Force.
4. Research national standards, including AHRQ position papers and established guidelines from the specialty societies for the following:
 - a. Clinical credentials and privileging of physicians
 - b. Facility capability and volumes (evaluating rural vs. urban volumes, and access vs. quality)
 - c. Minimum levels of other specialty and support staff, and their credentialing requirements
5. Identify types of ancillary support and inter-hospital agreements that should be in place.
6. Survey other states for standards currently implemented.
7. Evaluate how recommendations would impact existing programs throughout the state, and the University of Washington's cardiac training programs.
8. Propose a timeline for implementing the new recommendations.
9. When considering volume standards and other quality measures for rural and underserved areas, evaluate other potential models for providing elective and emergency interventional services in rural communities while still ensuring quality outcomes.

HMA's review and recommendations will be organized around the following topics:

1. TYPES OF PROCEDURES

Identify the types of interventional cardiology procedures that will be included in the recommendations for minimum and optimum volume standards for clinical performance, patient safety and financial feasibility.

2. PATIENT SAFETY

Based on the research, recommend the following:

- a. Minimum volume standards, taking into consideration procedures performed at multiple sites

- b. Minimum credentialing requirements
- c. Minimum levels of other specialty staff and credentialing requirements
- d. Minimum levels of ancillary support services
- e. Maximum transport times
- f. Patient exclusion criteria

3. OPTIMIZATION OF CLINICAL PERFORMANCE

Based on the research, recommend the following:

- a. Minimum and optimum volume standards
- b. Risk adjusted patient outcome standards
- c. Minimum cardiologist staffing requirements
- d. Minimum cardiologist credentialing standards for optimal performance

4. SUSTAINABILITY OF EXISTING AND NEW PROGRAMS

- a. Evaluate how recommendations would clinically and financially impact existing programs throughout the state.
- b. Utilizing ACGME accreditation criteria for Cardiology and Cardio-Vascular fellowships including minimum volume standards for interventional cardiac procedures and surgical cardiac procedures, evaluate how recommendations will impact the University of Washington's cardiac training programs.

5. COST AND FINANCIAL FEASIBILITY

- a. Evaluate the financial impact on hospitals of an increase or decrease in interventional procedures, including minimum operating volumes for a program to maintain financial viability. Include differences in urban vs. rural communities.
- b. Outline how the approval of new interventional procedures in a community will impact other hospitals involved in transfer agreements, or that already perform cardiac cath procedures.
- c. Outline minimum operating volumes for a program to maintain financial viability.
- d. Identify the impact of changes in Medicare and Medicaid reimbursement on the financial feasibility of new and existing programs.

DELIVERABLES

- 1. HMA will provide the department with a report that addresses each of the five areas outlined above.
- 2. HMA will provide the department with copies of published studies reviewed for developing the recommendations in the report.
- 3. HMA will grade and provide the department with the basis for grading the published studies reviewed and the relevance to developing the recommendations in the report.
- 4. HMA will provide the department with copies of all survey data collected for developing the recommendations in the report.

5. HMA will provide the department with copies of all statistical evaluations produced for developing the recommendations in the report.
6. HMA will provide summary evidence based tables supporting all recommendations.
7. HMA will make an onsite presentation of findings to department management.
8. HMA will make an onsite presentation of findings at an open public meeting in Washington State.

Our Qualifications

HMA is a health care and research and consulting firm specializing in the fields of health system restructuring and organization, health care program development, health economics and finance, program evaluation, and data analysis. HMA is widely regarded as a leader in providing technical and analytical services to health care providers, purchasers, and payers, with a special concentration on those who address the needs of the medically indigent and underserved. Founded in 1985, Health Management Associates has offices in Lansing, Michigan; Chicago, Illinois; Tallahassee, Florida; Indianapolis, Indiana; Columbus, Ohio; Washington, D.C.; Austin, Texas; and Long Beach, California.

HMA has clients across the country, including the major safety net health systems, private sector providers, and local, state, and federal governments. The firm has extensive experience and expertise in the design and implementation of health programs, particularly with respect to system development, managed care, long-term care, and behavioral health care.

Staffing and Experience

Jack Raba, M.D., will be the primary contact for this project, and will serve as project manager. His contact information is as follows:

John Raba, M.D.
Health Management Associates
180 N. LaSalle St. Suite 2305
Chicago, IL 60601
Phone: 312-641-5007, Fax: 312-641-6678
Email: jraba@healthmanagement.com

Dr. Raba is a principal with HMA providing consulting assistance in the areas of primary and specialty care services, the development and management of ambulatory care networks, and the delivery of health care in jails and prisons.

He has served in several key positions within Chicago's Cook County Bureau of Health Services, including Medical Director of the Fantus Health Center with 500,000 annual visits, Medical Director of the Ambulatory & Community Health Network, and the COO and Medical Director of Cermak Health Services - the provider of health care at the 11,000 bed Cook County Jail. Dr. Raba headed a clinical team that collaborated on the design of Cook County's new specialty care center (150 exam rooms, 250,000 annual visits) at Stroger Hospital (formerly Cook County Hospital). This specialty center housed the expanded Cardiology and Cardiothoracic Surgery clinics that evaluated all internal and County of Cook safety net system referrals for invasive cardiac procedures. He coordinated the transition of specialty care clinics into this new facility. Dr. Raba also directed the design, staffing, space, and delivery

of care efficiencies and patient flow for 10 new community health centers opened in Cook County in the last decade. He is a practicing Internist and Attending Physician at Stroger Hospital.

Dr. Raba and Terry Conway, M.D. will identify the types of procedures to include, review the research, and evaluate the validity of the studies, utilizing as needed an epidemiologist, an invasive cardiologist, and a cardiothoracic surgeon as consultant subcontractors. Drs. Raba and Conway will oversee all aspects of this project, including final recommendations.

Terry Conway, M.D., is a principal with HMA, providing consulting assistance in the areas of health system development, medical staff organization, hospital/medical school relationships, and clinical approaches to disease management, including a focus on specialty care reorganizations.

Prior to joining HMA he was the chief operating officer of the Ambulatory and Community Health Network, Cook County Bureau of Health Services. His duties included the direction of all operations of a system of 31 primary and specialty outpatient community and hospital-based health centers that deliver approximately 850,000 clinical encounters per year. He has also served as the associate chairman of the Department of Medicine Cook County Hospital and as interim chairman of the Department of Medicine, where he made the determination on newly developed invasive cardiology procedures, credentials and training necessary to perform them and the facilities necessary. Previous experience includes associate medical director of Anchor Health Management Organization which included supervision of all the subspecialties serving the managed care organization of Rush Presbyterian Medical Center. He has participated in NIH and AHRQ research projects to study and change minority patient behavior in diabetes and asthma care. He served as a member of the Translating Research into Practice 2 (TRIP2) committee of AHRQ. He has also conducted research and published in the area of the role of primary care and violence, predictors of physician attitudes towards managed care, as well as a number of topics in prevention in physician practice.

As Chief Operating Officer of the Ambulatory and Community Health Network, Cook County Bureau of Health Services, Dr. Terry Conway secured a federal Community Access Program grant to launch a system-wide effort to restructure the allocation of specialty care resources within its system. The purpose was to provide more timely and appropriate specialty care to its uninsured population.

The referral system developed under Dr. Conway's leadership is a web-based program guided by a series of evidence-based rules that determine access to specialty care and diagnostic testing. Given scarce resources, primary care providers are required to complete certain clinical steps to help ensure the appropriateness of the referral. See the attached examples for chest pain, heart failure, and arrhythmia. These examples represent three of over 90 conditions covered under this referral system.

This specialty referral process reduced the number of inappropriate referrals and increased the timeliness of referrals. The Cook County Bureau of Health Services has been widely recognized for this web-based specialty referral system and received a Safety Net Award from the National Association of Public Hospitals for this innovation.

Mary Roos, RN, will evaluate non-physician staffing for facilities that perform the cardiac procedures. She will also evaluate the financial impact on hospitals of an increase or decrease in interventional procedures, including minimum operating volumes for a program to maintain financial viability

Mary Roos, RN, is a principal with HMA with expertise as a senior health care executive with a strong operational and clinical background. She has been a registered nurse for over 39 years and is a former hospital CEO and health system COO. Ms. Roos assists clients with formulating and executing strategies to address internal structural, clinical and operational issues related to the successful delivery of care.

Prior to joining HMA, Ms. Roos served as a vice president and project manager for an architectural and engineering firm with a primary focus on creating patient-centered environments for the Healthcare and Senior Living Studios. Previously she was also the chief operating officer for Saint Joseph Regional Medical Center, South Bend, Indiana. Ms. Roos assumed this role following the merger with a community hospital in Mishawaka, Indiana where she was the chief executive officer. Post merger she was responsible for three hospital campuses, a long-term acute care hospital, home health care, support services, new hospital development, and community development and outreach. As the COO she designed and implemented operational integration strategies that resulted in over \$7 million dollars in savings the first two years post merger. Ms. Roos is skilled in building effective teams, creating patient-centered environments and designing innovative solutions that contribute to organizational change.

Ms. Roos holds a bachelor's degree in Health Arts from the University of St. Francis, Joliet, Illinois and a Master of Science in Administration from the University of Notre Dame.

Steve Perlin will assist in the evaluation of the financial impact on hospitals of an increase or decrease in interventional procedures, including minimum operating volumes for a program to maintain financial viability.

Steve Perlin, Senior Consultant, has over 15 years of demonstrated expertise in health finance, policy development, and legislative advocacy. Mr. Perlin has extensive experience in the areas of Medicaid policy, reimbursement, and financing having worked on the redesign of Medicaid inpatient and outpatient reimbursement systems as well as the development of provider tax and intergovernmental financing structures. He has also worked on Medicare and uncompensated care issues affecting hospitals. Prior to joining the HMA Chicago office, Mr. Perlin served as vice president of finance for the Illinois Hospital Association.

Karen Cronin and Andrew Fairgrieve will research national standards, survey other states, and assist with the literature review. Ms. Cronin will also evaluate how HMA recommendations would impact the University of Washington's cardiac training programs.

Karen Cronin, Senior Consultant, has worked for over ten years to improve operations, meet accreditation requirements, and foster relationships with affiliates of a large public hospital that also sponsors over twenty residency and fellowship training programs. She has prepared for, and participated in, accreditation surveys by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), and the Accreditation Council for Graduate Medical Education (ACGME). Ms. Cronin's JCAHO experience focused on credentialing, privileging and other medical staff issues. Her ACGME experience focused on preparation for an Institutional Review. She also participated in the start up of a Medicaid managed care plan for one of the nation's largest public health and hospital systems, acting as liaison to the state and developing provider education materials. Ms. Cronin holds a BA from the University of Colorado and a Master of Public Policy from the University of Chicago.

Research Assistant Andrew Fairgrieve is an Economics student at Loyola University in Chicago.

Project Fees

We propose to provide the services described above on a time-and-materials basis. Professional fees will be billed at \$225 per hour in accordance with HMA's Professional Consulting Services Agreement for Management Consulting Services, under RFP # 32206. In addition, we propose that all out-of-pocket expenses be reimbursed. We also propose to establish an overall limit on project costs of \$53,975. This will ensure that expenses will not be incurred beyond this amount without your prior approval. A summary of projected hours and expenses are attached.

Finally, we propose to submit invoices monthly for work performed in the previous month. We will be happy to supply you, on a monthly basis, with a detailed accounting of the hours worked.

Project Timeline

HMA is prepared to start work on this project upon Department of Health approval of the contract. In order to accomplish all tasks within the proposed time frame, it is important for project work to begin as soon as possible after July 1, 2007. HMA will submit an interim progress report in mid-August, and will deliver a final report to the department no later than Monday, September 3, 2007.

Attached are evidence based rule logic for several cardiology conditions and procedures developed by Dr. Terry Conway. The rules represented by the attachments are programmed into a web-based system for subspecialty referral used by over 1,900 health care providers in Cook County, Illinois. There are over 90 rules in use today. Once a provider accesses this system they may request a referral to a subspecialist or a diagnostic test from the Cook County Bureau of Health Services (CCBHS). The rules were developed on the basis of published evidence and through an iterative process with CCBHS subspecialty and primary care physicians. They assure that the referrals are appropriate and that prior work up or treatment has been completed in the primary care setting before a referral is made.

Viewing the form of the rules presented here may not provide the same appreciation of their utility compared to viewing them on the web site. However, these hard copies provide an example of a technical approach to evidence based utilization that reflects experience of HMA staff relevant to our proposal.

Chest Pain

1. Does patient have a positive stress test?

Yes. Is the patient willing to undergo invasive studies and/or repairs?

Yes. Go to #7.

No. Is the patient unresponsive to medical management?

Yes. Go to #7.

No. Go to #2.

No. Go to #2.

2. Does patient have Typical Angina (all of the following)?

- Substernal pain lasting 5-15 min
- Substernal pain provoked by exertion
- Substernal pain relieved by NTG or rest

Yes. Is the patient willing to undergo invasive studies and/or repairs?

Yes. Go to #7.

No. Is the patient unresponsive to medical management?

Yes. Go to #7.

No. Go to #3.

No. Go to #3.

3. Does patient have prior documented M.I.?

Yes. Go to #7.

No. Go to #4.

4. Does patient have documented CAD by prior coronary angio, CABG, or PTCA with critical stenosis?

Yes. Go to #7.

No. Does patient have documented CAD prior to coronary angio, CABG, or PTCA without critical stenosis?

Yes. Is patient unresponsive to medical management?

Yes. Go to #7.

No. Go to #5.

No. Go to #5.

5. Does patient have documented LV dysfunction (EF<40%)?

Yes. Is patient willing to undergo invasive studies and/or repairs?

Yes. Go to #7.

No. Go to #6.

No. Go to #6.

6. Does patient have documented dynamic ECG changes (ST depression or T inversion consistent with ischemia)?

Yes. Go to #7.

No. Reject referral order. "Referral to Cardiology Consult is inappropriate at this time. A stress test should be performed if appropriate."

7. Accept referral order.

Heart Failure

1. Has an echocardiogram been performed within the last year?

Yes. Continue to #2.

No. Reject referral order. "Please have an echocardiogram performed before referring to Cardiology."

2. Is the patient symptomatic and unresponsive to primary care medical management including:

- Appropriate use of Angiotensin Converting Enzyme Inhibitors, Metoprolol or Carvedilol, Spironolactone?
- Control of blood pressure?
- Education on sodium restriction, daily weight and volume management?

Yes. Continue to #3.

No. Reject referral order. "Referral to Cardiology Consult is inappropriate at this time. Primary care medical management should be extended."

3. Does the patient exhibit signs and symptoms of worsening heart failure and one of the following:

- Documented LV dysfunction (EF <50%)?
- Documented prior M.I.?
- Documented CAD by prior coronary angio, CABG, or PTCA?
- Documented pulmonary edema?

Yes. Accept referral order.

No. Reject referral order. "Referral to Cardiology Consult is inappropriate at this time. Primary care medical management should be extended."

Arrhythmia

1. Does patient have documented atrial fibrillation or flutter that is less than 1 year from onset, associated with symptoms, or with a ventricular rate of greater than 90 in spite of treatment?

Yes. Have Echocardiogram and Thyroid function tests been completed in last 6 months?

Yes. Go to #8.

No. Go to #2.

No. Go to #2.

2. Does patient have documented ventricular tachycardia?

Yes. Go to #8.

No. Go to #3.

3. Does patient have documented supraventricular tachycardia that is persistent or recurrent in spite of treatment?

Yes. Go to #8. Indicate Medication _____

No. Go to #4.

4. Does patient have documented bradycardia that is symptomatic and persists when drugs which may cause bradycardia are removed?

Yes. Go to #8

No. Go to #5.

5. Does patient have palpitations with Holter showing VT (ventricular tachycardia), atrial fibrillation, SVT unresponsive to treatment?

Yes. Go to #8.

No. Go to #6.

6. Does patient have palpitations with structural heart disease documented by echo, cath. or nuclear study?

Yes. Go to #8.

No. Go to #7.

7. Does patient have syncope with a history of arrhythmia or an association with chest pain or palpitations?

Yes. Go to #8.

No. Reject referral order. "Referral to Cardiology Consult is inappropriate at this time. Primary care medical management should be extended."

8. Accept referral order.

RESUMES

Terrence J. Conway, MD

Position

Principal, Health Management Associates, Inc., Chicago, Illinois.

Education

Cook County Hospital, Residency Internal Medicine, 1977-1979

Loyola Stritch School of Medicine, Doctor of Medicine, 1973-1976

Loyola University, Bachelor of Science – Anthropology, 1970

Professional Experience

HEALTH MANAGEMENT ASSOCIATES, Principal, 2004-present

Current Activities include:

Assessing the public health care system of Parkland Health and Hospital System (Dallas); making recommendations and participating in its restructuring;

Assisting in brokering partnership agreements between the public health systems of San Francisco and Los Angeles and the largest faith based hospital system in California and facilitating the transition of the LA/USC hospital into a new downsized building;

Facilitating a public hospital and a state medical college contract process in one state and participating in the assessment of the impact of moving the location of a state medical college in a second state;

Fostering the rethinking and restructuring of subspecialty care access, efficiency and capacity of public health systems in regional safety nets.

COOK COUNTY BUREAU OF HEALTH SERVICES, Chief Operating Officer, Ambulatory and Community Health Network, 1995-2004

Accomplishments included:

Opening and operating a network of 31 primary care and specialty clinics throughout Cook County, providing more than 800,000 visits annually;

Developing the administrative and clinical infrastructure for the ambulatory services of the Cook County Bureau of Health Services, one of the largest public health and hospital systems in the country;

Establishing and maintaining clinical partnerships between Bureau clinics and private community hospitals throughout Cook County;

Developing and enforcing physician productivity standards for primary care providers;

Restructuring specialty care referrals into the system through the development of a web-based information system;

Establishing a quality assurance program for all clinics. leading to application for independent JCAHO accreditation.

COOK COUNTY HOSPITAL, Acting Chairman, Department of Medicine, 1993 -1995

Accomplishments included:

Directing the largest clinical hospital Department with over 500 employees and a budget of more than \$ 25 million.

Recruiting and hiring chiefs for two major clinical divisions;

Negotiating medical college academic affiliations for the Department of Medicine and 13 Medical Divisions;

Negotiating service agreements for a joint Health Service Research Center as well as Angioplasty and Electrophysiology Services;

Representing the Department of Medicine in the planning of clinical and departmental space within a new hospital and an interim clinical space plan for use during the construction phase;

Initiating the reorganization of the Internal Medicine Residency Training;

Directing Departmental efforts leading to two successful reaccreditation reviews (JCAHO, ACGME);

Expanding Ambulatory Services to include an ambulatory based primary care center, community based geriatric activities and housing for ill homeless.

COOK COUNTY HOSPITAL, Chairman, Division of General Internal Medicine, 1989 -1993

Responsible for overall leadership of a large Division within an urban public teaching hospital. Accomplishments included nurturing and developing of new programs that served the health needs of urban population through the use of general internists and an emphasis on primary care ; reorganization and stimulation of the Division to take a leadership role within the Department of Medicine and the hospital as a whole; encouragement, increase in expectation and support for academic contributions by faculty leading to marked increase in regular presentations, publications and extramural grant awards; strengthening and diversifying the Division staff through recruiting and career development; maintain a practice and teaching within the Department of Medicine and the Primary Care Internal Medicine Program.

ANCHOR ORGANIZATION FOR HEALTH MAINTENANCE, Associate Medical Director, 1987 -1989

Director of a staff-model HMO that served 40,000 members generating approximately 140,000 visits annually. Responsible for supervision of clinical and teaching programs and the overall quality of care provided by approximately 35 full-time staff physicians.

NORTHWESTERN MEMORIAL HOSPITAL, Medical Director, Department of Community Health, Medical Director, Near North Health Services, 1981-1987

Responsible for overall quality of clinical care of a federally-funded (Section 330) community health center with approximately 35,000 patient visits. Responsible for development and leadership of all medical and nursing programs and personnel; prepared a yearly community needs assessment and health plan; organized community health training experiences for students and residents; organized a comprehensive adult medicine service, women's reproductive health service and nurse practitioner service.

NATIONAL HEALTH SERVICE CORPS (U.S. Public Health Service), Attending Physician, assigned at Komed Health Center, Chicago, 1980-1981

COOK COUNTY HOSPITAL, General Medicine, Attending Physician, 1979 - 1981

NATIONAL HEALTH SERVICE CORPS, USPHS, Outreach Coordinator in Community Medicine, Englewood New City neighborhood of Chicago, 1979-1980

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, Region V, Assistant Clinical Coordinator, 1979-1981

Concerned with quality assurance, professional relations and medical student preceptorship projects.

Honors & Selected Presentations

ACADEMIC APPOINTMENTS:

Instructor: Departments of Community Health and Preventive Medicine and Internal Medicine, Northwestern University Medical School, 1981-1983.

Assistant Professor: Departments of Community Health and Preventive Medicine and Internal Medicine, Northwestern University Medical School, 1983-1987.

Associate Professor of Medicine, Rush Medical College, 2005.

Associate Professor-Adjunct: University of Illinois, College of Nursing, 1997-Present

SCHOLARLY AND ORGANIZATIONAL COMMITTEES AND BOARDS:

TRIP II Steering Committee – Agency for Health Research and Quality (AHRQ), 2001-2004

Chairperson, Asthma Taskforce, Chicago/Cook County Community Health Council, Member Board of Directors, 1994-2004

Chicago Health Steps Young Children Program Advisory Committee, 1998-2001

Illinois Hospital Association – Ambulatory Care Subcommittee, 1998-2002

Cook County Hospital/Rush Medical College, Search Committee Associate Dean/Medical Director, 1995

Bureau of Health Services Management Council, 1995-2004.

Rush Medical College, Search Committee for Chairperson of Family Practice, 1994.

Cook County/Chicago Community Health Care Council, Member, Board of Directors, 1994-2004

Cook County Hospital Department of Medicine Quality Improvement Committee, Chairperson, 1993-1997.

Medical Staff Advisory Committee, Cook County Hospital, Member, 1993-1996

Chairperson, Medical School Affiliation Subcommittee, 1993-1996.

Member, CCH / Rush Affiliation Oversight Committee. Chairperson, Organization Subcommittee, 1993-1994.

Member, Greater Roseland District Health Council. Chairperson, Needs Assessment and Strategic Planning Committee, 1992-1998.

Medical Care Review Committee, Executive medical staff, Cook County Hospital, 1991-1995.

Mercy Home for Boys and Girls, Member, Board of Regents, 1991-present.

Utilization Management Committee, Cook County Hospital, 1991-2002.

Northwest Community Organization, Member, Board of Directors, 1987-1991.

Hispanic Health Alliance, Member, Board of Directors, 1986-1991.

Perinatal Center Infant Mortality Reduction Initiative Steering Committee, 1987-1989.

Clinical Services Advisory Committee – Illinois Primary Health Care Association, Chairperson, 1986.

U. S. P. H. S. Review Panel of the State of Illinois Prenatal Services, 1986.

Cook County Hospital Housestaff Association, President, 1978.

GRANTS:

Co-Author, *Study and Recommendations for the Future of the Cook County Bureau of Health Services*, Northwestern University Medical School, Center for Health Care Studies 2006, \$60,000

Principal Investigator, *Care Improvement Collaborative*, Otho Sprague Foundation, (2004-2006), \$375,000/annum

Co-Investigator, *Initiative to Raise Asthma Health Equality*, National Institutes of Health (2002-present), \$1.2 million/annum.

Principal Investigator, *Westside Health Corridor Community Access Program*, U.S. Department of Health and Human Services (2001-2004), \$900,000/annum.

Co-Principal Investigator, *Diabetes Collaborative Care*, Center for Medicaid and Medicare Services (2003-2005), \$225,000/total.

Principal Investigator, *Asthma Champion Project*, Center for Medicaid and Medicare Services (2001-2003), \$250,000/annum.

Co-Principal Investigator, *Managing Asthma Compliance in Children*, Illinois Department of Public Aid (2001-2003), \$150,000/annum.

Co-Investigator, *Diabetes Education Multimedia for Vulnerable Populations*, Agency for Health Research and Quality, \$ 375,000/annum (2001-2004).

Principle Investigator, *Assessment of Inner City Asthma Attitudes and Clinical Practice*, Otho Sprague Foundation (1998), \$80,000.

Principle Investigator, *Community, Patient, Provider Partnership to Improve Asthma Care*, Robert Wood Johnson Foundation (1999-2002), \$350,000/annum.

Principle Investigator, *National Minority Fellowship training grant*, two fellowship training awards (1993), \$ 4,000/annum.

Co-Principle Investigator, *Hospital Crisis Intervention Project*, subcontract from the Chicago Abused Women's Coalition, grant support from United Way (1992-present), \$57,000/annum. *Domestic Violence Program Development grant*, Chicago Foundation for Women (1992), \$ 7,000/annum.

Core Faculty, *Primary Care Internal Medicine Training Grant*, Bureau of Health Professions, Health Resources and Services Administration, U.S. Public Health Service (1986-1994), \$ 180,000/annum.

Co-Director, *Maternal and Child Health Grant* - to provide prenatal, family planning and pediatric services to the Near North and West Town communities, DHHS (1981-1987), \$ 140,000/annum.

Clinical Director, *Community Health Center Grant* (U.S.P.H.S. Section 330) - to provide comprehensive prevention oriented primary care services to the Near North and West Town communities (1983-1987), \$ 330,000.

Principle Investigator, *Illinois Office of the Aged* - to identify and serve frail, isolated elderly in the Near North and Cabrini Green communities (1985-1987), \$14,000/annum.

Medical Director, *Infant Mortality Reduction Initiative* - to reduce infant mortality in the Near North and Cabrini Green communities (1984-1987), \$ 110,000/annum.

Co-Principle Investigator, *Ounce of Prevention* - for primary prevention of child abuse in the Near North community, Harris Foundation (1983-1987), \$ 70,000/annum.

Co-Principle Investigator, *Parents Too Soon*, Irving Harris Foundation - to improve the outcome of adolescent pregnancy in the Near North community (1983-1987), \$40,000/annum.

Director, *Healthcare to the Homeless* - subcontract to provide physician staffing to the mobile healthcare teams of Travelers and Immigrants Aid serving homeless shelters (1985-1987), \$ 40,000/annum.

LICENSURE AND CERTIFICATION:

State of Illinois Medicine Licensure, 1977

Diplomate, American Board of Internal Medicine, 1979

AWARDS:

U. S. Masters National Rowing Regatta , Quad (Silver) p/c Double (Gold Medal), 2004-2005.

Citation for Heroism, Cook County Board of Commissioners, 2000.

Ignatius Chicago Crew, Annual Recognition Award, 2000.

Appreciation Award, Chinese Medical Association, Taipei, Republic of China, 1997

University of Illinois, Longitudinal Primary Care Program Mentor Service Award, 1994.

Chicago Abused Women's Coalition Appreciation Award, 1993.

Alumni Medal, St. Ignatius High School, 1993.

National Health Service Corps, USDHHS Region V Service Award, 1993.

National Health Service Corps, National Service Recognition Award, 1992.

Cabrini Green Community Council, Annual Community Service Award, 1990.

Northwest Community Organization, Community Activist Award, 1988

Association House - Community Service Award, 1984.

Community Service Scholarship-Stritch-Loyola Medical School, 1974-1976

Undergraduate Athletic Scholarship - Loyola University, 1968-1970.

PUBLICATIONS:

Bylina T, Hu T, Conway T, Perrin J, Eldridge-Houser J, Cox C, Comparison of exercise attitudes and behaviors of urban senior citizens to AARP's national survey results. *Journal of Aging and Physical Activity* (accepted for publication 2005)

IRIS, Internet Referral Information System, a rules-based software application for subspecialty and diagnostics referrals, (Co-author) 2003, Health Resources and Services Administration, USPHS

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Reilley, BM; Schiff, G; Conway, T. Primary care for the medically underserved: challenges and opportunities. *Diseases-A-Month* 44(7):320-46, 1998, Jul.

Conway, T.; Hu, T.C.; Daugherty, S. "Physicians' Perception of Managed Care: A Structural Equation Model Assessment of Key Dimension." *Medical Care* 1997.

Conway, T.; Hu, T.C.; Harrington, T. "Do Community Boards Share the Same Perception of Health Needs as Community Residents?" *J of Comm Health* 1997; 22(1):57-68.

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Conway, T. Book Review for "Lewis, S. Hospital: An Oral History of Cook County Hospital." *Journal of Public Health Policy* 1997;18(2):262-264.

Conway, T. "Internist Role in Addressing Violence: A review of recommendations and a model for intervention", *Archives of Internal Medicine*, 1996, 156:951-956.

Conway, T.; Hu, T.C.; Mason, E.; Mueller, C.; "Are Primary Care Residents Adequately Prepared to Care for Reproductive Aged Women?" *Family Planning Perspective* April 1995;27(2):66-70.

Conway, T.; Hu, T.C.; Warshaw, C.; Kim, P.; Bullon, A.: "Violence Victim's Perception of Functioning and Well-Being: A Survey from an Urban Public Hospital Walk-in Clinic"; *J Natl Med Assoc* 1995; 87(6):407-412.

Conway, T.; Hu, T.C.; Kim, P.; Bullon, A.: "A Prevalence of Violence Victims in an Urban Public Hospital Walk-in Clinic"; *Journal of General Internal Medicine* 1994;9:430-435.

Conway, T.; Mason, E.; Hu, T.C. "Attitudes, Knowledge, and Skills of Internal Medicine Residents Regarding Preconception Care" *Academic Medicine*, May 1994; 69(5):389-391.

Conway, T.; Balson, A. "Concomitant Abuse of Clonidine and Heroin: A Case Report" *Southern Medical Journal*, August 1993; Vol.86, No.8.

Conway, T.; Tinson, L.; "Understanding the Psychology of Smokers: The First Step to Help them Quit", *Cancer News for Physicians*, Fall 1992; vol.IX, No.2

Conway, T.; Kohl, R.: From Principle to Practice. In Nutting, PA (ed) *Community Oriented Primary Care (chapter 18)* DHHS, publication No. HRS-A-PE 86-1. U.S. Government Printing Office, Washington, D.C., 1986.

ABSTRACTS:

Access to Scarce Specialty Care: A Potential Model of Safety Net Partnerships, Fischer B, Driscoll M, Martinez E, Conway T, *American Public Health Association Annual Meeting, Dec.2005*

"Assessing Asthma Awareness and Practice Behaviors among Primary Care Physicians Working in Underserved Communities." Conway, T.; Hu, T.C.; Nieves, M.; Daugherty, S.; Sullivan, M.; *J Gen. Int. Med.* 1998 April (suppl.)

"Barriers to Optimal Asthma Care as Perceived by Primary Care Providers." Conway, T.; Hu, T.C.; Nieves, M.; Daugherty, S.; Sullivan, M.; *J Gen Int Med* 1998 April (suppl.)

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"Predicting Health Care-seeking Behavior of a Poor Urban Minority Population When Offered Primary Care Services." Conway, T.; Hu, T.C.; Greene, S.; Dye, M. *J Gen. Int. Med.* 1997 April (suppl.).

"Perceived Vulnerability to Malpractice Liability on Entry to Residency Training Program." Lemon, M.; Conway, T.; Hu, T.C. *J Gen Int Med* 1997 April (suppl.).

"Improving Management of Ambulatory Care Sensitive Conditions in the Inner City." Conway, T.; Hu, T.C.; Dye, M.; Greene, S. *J Gen. Int. Med.* 1997 April (suppl.)

"Public Hospital Physicians' Perceptions of Managed Care." Conway, T.; Hu, T.C.; Daugherty, S.R.; Weiss, K. *J Gen Int Med.* 1996 April (suppl.)

"Screening for Somatoform Disorders in Acute Care Setting Identifies High Utilizers of Healthcare Services." Conway, T.; Hu, T.C.; Warshaw, C. *J Gen. Int. Med.* 1996 April (suppl.)

"The Association of Somatoform Mental Health Problems and Violence Victimization of Minority Women." Conway, T.; Hu, T.C.; Warshaw, C. *J Gen Int Med.* 1996 April (suppl.)

"Urban Public Hospital Patients Accountability and Access to Primary Care." Conway, T.; Hu, T.C. *J Gen Int Med.* 1996 April (suppl.)

"Screening for Mental Health Disorders in an Urban Hospital Walk-in Clinic." Conway, T.; Hu, T.C. *Society of General Internal Medicine Regional Meetings*, September 15-16, 1995.

"Fear of Violence and Functioning/Well-being." Conway, T.; Hu, T.C. *Society of General Internal Medicine Regional Meetings*, September 15-16, 1995.

"Assessing the Adequacy of Preconception Care Delivered by Primary Care Physician to High-Risk Reproductive Aged Women." Conway, T.; Hu, T.C.; Moor, M.; *Journal of General Internal Medicine*, April, 1995.

"The Association of Blood Culture Results and the Length of Hospital Stay." Conway, T.; Hu, T.C.; Slaughter, S.; Apuri, B.; Kocka, F.; Weinstein, R.A.; *Journal of General Internal Medicine*, April, 1995.

"A New Pattern of Restraints Use in Urban Tertiary Care Hospital Medical Patient." Demetria, M.; Conway, T.; Hu, T.C.; Mamdani, B.; *Journal of General Internal Medicine*, April, 1995.

"Health Perception Differences Among Latino and African-American Violence Victims: A Survey from An Urban Public Hospital." Ramos, T.; Conway, T.; Hu, T.C.; *Journal of General Internal Medicine*, April, 1995.

"Correlation Between Radiographic Pattern of Cardiogenic Pulmonary Edema and Central Venous Pressures in Patients with Congestive Heart Failure." Madhusudhan, R.; Alagaratnam, D.; Parachuru, P.; Hu, T.C.; Chiu, J.; Conway, T.; annual meeting, *Society of General Internal Medicine*, May 4-6, 1995.

"Does a High-Risk Prenatal Clinic Experience Improved Internal Medicine Residents' Ability to Provide Preconception Care?" Conway, T.; Hu, T.C.; *Clinical Research*, 1994:42(3):418A.

"Reasons for Visiting a Walk-in Clinic Among a Low-Income Urban Minority Population." Conway, T.; Hu, T.C.; *Clinical Research*, 1994:42(3):317A.

"Surveying Health Concerns of Urban Adults: Are Current Measurements Adequate?" Conway, T.; Hu, T.C.; Harrington, T.; Kim, T.; *Journal of General Internal Medicine*, April (suppl.) 1994.

"Autonomy, Empathy and Professional Control: An Attitude Study of Using Physical Restraints." Al-Hallak, A.; Conway, T.; Hu, T.C.; Honculada, C.; Kapoor, D.; *Journal of General Internal Medicine* April (suppl.) 1994.

"Physical Restraints for Patients in an Urban Teaching Hospital: A Survey of Medical Residents' Understanding." Honculada, C.; Conway, T.; Hu, T.C.; Al-Hallak, A.; Kapoor, D.; *Journal of General Internal Medicine*, April (suppl.) 1994.

"Attitudes Toward Condoms and AIDS Among High Risk Urban Populations at Cook County Hospital." Hamwi, G.; Conway, T.; Hu, T.C.; *Physicians for Human Rights*, Annual Convention August 1993.

"Prevalence of Violence Victims in an Urban Public Walk-in Clinic", Conway, T.; Hu, T.C.; Bullon, A.; Kim, C.; Warshaw, C.; *Society of General Internal Medicine*, 1993 Annual National Meeting, April 28-30, 1993.

"Preconception Care: An Important but Overlooked Topic in Primary Care." Conway, T.; Hu, T.C.; Mason, E.; Muller, C.; *Society of General Internal Medicine*, 1993 Annual National Meeting, April 28-30, 1993.

"Health Impact of Violence on the Victim", Conway, T.; Hu, T.C.; Kim, P.; Bullon, A.; Warshaw, C.; *Clinical Research*, April 1993.

"Survey of Patients' Satisfaction in a Public Hospital Walk-in Clinic." Pollock, M.A.; Hu, T.C.; Ansell, D.; Conway, T.; *Clinical Research*, April 1993.

"La Prevalencia y el impacto de violencia en pacientes de origen Hispano." Conway, T. Bullon, A.; Hu, T.C.; Kim, P.; Warshaw, C. *Conferencia Interamericano de Salud Mental*, San Jose, Costa Rica, March 1993.

"Improving the Outcome of Pregnancy." Conway, T.; Mason, E.; *Teaching Internal Medicine*, Annual Meeting of Program Directors of Internal Medicine, February 1992.

"Residency Training and the Care of Preconceptional Women"; Mueller, C.; Conway, T.; Hu, T.C.; *Society of Teachers of Family Medicine*, 25th Annual Spring Conference, April 25, 1992.

"Are Medical Residents Prepared to Improve Pregnancy Outcome?" Conway, T.; Mason, E.; *Clinical Research*, April 1991.

"Building an Urban Community Oriented Primary Care Center: Initial Forays" Conway, T.; Berman, L.; Kohl, R.; *American Public Health Associations*, Annual Meeting, Anaheim, 1984.

"Survival and Change: The Near North Ambulatory Care Center in Chicago." Conway, T.; Berman, L.; Kohl, R.; *American Public Health Association*, Annual Meeting, Montreal, 1982.

SELECTED INVITED PRESENTATIONS:

Medicaid Funding Strategies, National Workshop to Reduce Asthma Disparities 2005

Managing the Crisis of Subspecialty Care in the Safety Net, National Association of Public Hospitals, 2003

Changing Approaches to Asthma Care for Patient, Provider and Community, American Association of Physicians Assistants, 2002

Innovations in Ambulatory Practice in Public Health Systems, National Association of Public Hospitals, April 2001

"The Status of Safety Net Providers : What does the research tell us?" Institute of Medicine, National Academy of Sciences , Committee on the Changing Market, Managed Care, and the Future viability of the Safety Net, May 1998

"Dr. Terry Conway" Interview chapter in *Hospital: an oral history of Cook County Hospital* by Sydney Lewis 1997

"The Rush-Cook County Master Affiliation: Negotiation between Two Cultures." Rush University, Graduate School of Health management Science, January 17, 1995.

"Violence and the Primary Care Practitioner" Loyola University Stritch Medical College, SSAMA, Loyola Section, November 28, 1994, Chicago.

"Preventive Medicine as a Primary Health Care Issue" Rush-Presbyterian-St. Luke's Medical Center, National Primary Health Care Day. September 29, 1994, Chicago.

"Violence and the Primary Care Physician" a Workshop, Conway, T.; Warshaw, C.; May, SGIM Midwest Regional Meeting, Chicago 1994.

"The Internists' Role in the Violence Epidemic", Oak Forest Hospital, June 20, 1994.

"El Predomino y los efectos de la violencia en la comunidad de Chicago," Pan American Psychiatric Association, Costa Rica 1994.

"The Internists' Role in the Violence Epidemic", Cook County Hospital, Medicine Ground Round, April 22, 1994.

"The Consensus Conference on Small Area Analysis" Reactor Panel, Agency for Health Care Policy and Research, U. S. P. H. S., Columbia, Maryland, October 1993.

"Rescatando a su Familia y a la Comunidad: Conferencia Sobre Violencia Urbana" Oradores Especiales / Keynote Speaker, Humboldt Park, Chicago 1993.

"Violence and the Primary Care Physician" a Workshop, Conway, T.; Warshaw, C.; May, SGIM Midwest Regional Meeting, Chicago 1991.

"Assessing Your Community and Preparing a HealthCare Plan", Keynote Address; Annual Clinical Directors Meeting, National Association of Community Health Centers, Boston 1989.

"Expectations in Physician Practice for Managed Care in Directors for Managed Care", Ohio Primary Care Association, 1987.

"The Patient Amidst a Provider Revolution: in 'Inquiry into Contemporary Problems of Law, Ethics and Health Care'", Loyola University School of Law - Center for Health Care Law, 1985

JOURNAL REVIEWS:

Journal of General Internal Medicine

Medical Care

Public Health Reports

Language

Spanish

John Michael Raba, MD

Position

Principal, Health Management Associates, Inc., Chicago, Illinois,

Education and Training

Doctor of Medicine, Northwestern University Medical School, Chicago, Illinois, 1974.

Internal Medicine Residency, Cook County Hospital, Chicago, Illinois, July 1975-June 1977.

Straight Medicine Internship, Cook County Hospital, Chicago, Illinois, July 1974-June 1975.

American Board of Internal Medicine Certification, 1977.

State of Illinois License # 036-54835, July 1, 1978.

Bachelor of Arts, University of Michigan, Ann Arbor, Michigan, 1969.

Quigley South High School, Chicago, Illinois, 1965.

Professional Experience

HEALTH MANAGEMENT ASSOCIATES, INC., Principal, October 2006-present.

CERMAK HEALTH SERVICES, Cook County Bureau of Health Services, Chief Operating Officer, September 2004-present.

COOK COUNTY HOSPITAL, Departments of Family Practice and Internal Medicine, Attending Physician, 1978-present.

CERMAK HEALTH SERVICES, Cook County Bureau of Health Services, Cook County Department of Corrections, Chicago, Illinois, Chief Operating Officer and Acting Medical Director, October 2003-September 2004.

AMBULATORY AND COMMUNITY HEALTH NETWORK, Cook County Bureau of Health Services, Chicago, Illinois, Co-Medical Director, July 1998-September 2003.

FANTUS HEALTH CENTER/SPECIALTY CARE CENTER, Cook County Hospital/John H. Stroger, Jr. Hospital, Cook County Bureau of Health Services, Chicago, Illinois, Medical Director, 1992-September 2003.

CERMAK HEALTH SERVICES, Cook County Department of Corrections, Medical Director; Department of Correctional Health Services, Cook County Hospital, Chairman, October 1980-December 1991.

Activities

Chair, Staffing & Human Resources Taskforce, Cook County Bureau of Health Services, January 2005-present.

City of Chicago, Mayor's Taskforce on Prisoner Re-entry, June 2004-present.

Member, Search Committee for Chairman, Cermak Health Services, John H. Stroger Hospital of Cook County, August 2003-May 2004.

Chairman, Search Committee for Chairman, Department of Correctional Health Services, Cermak Health Services, Cook County Hospital, July 1996-July 1998.

Westside District Health Council, 1996-September 2003.

Chairman, Search Committee for Chairman - Department of Surgery, Cook County Hospital, June 1986.

Advisory Committee and Quality Assurance Sub-Committee Chicago, Health Care for the Homeless Project, 1985-1988.

Jail/Prison Health Experience

Dallas County Jail, Consultant, July 2005-present. Site inspection and development of recommendations for restructuring of jail's health care delivery system

Cermak Health Services, Chief Operating Officer, Cook County Bureau of Health Services, September 2004-present.

Cermak Health Services, Chief Operating Officer and Acting Medical Director, Cook County Department of Corrections, Cook County Bureau of Health Services, October 2003-September 2004.

Hare v. Ramsey, Kane County Jail, Expert Witness Testimony on death of detainee in Kane County Jail, March 2002.

Court Appointed medical expert - "Carlos Morales Feliciano et al v. Carlos Romero Barcello, et al". Review and recommend restructuring of health care system in jails and prisons of the Commonwealth of Puerto Rico, July 1987-2000.

Prisoner's Right Project, The Legal AID Society, "Milburn et al v. Coughlin et al", Chart Review and Report on Mortalities, Green Haven Correctional Facility, August 29, 1988.

Legal Services of Eastern Missouri, "Lopez et al v. Buerger et al", Report on Health Care Delivery System at Jefferson County Jail, Hillsboro, Missouri, June 1988.

Site Inspection of Medical Services (2nd visit), Ossining (Sing Sing) Correctional Facility, Department of Justice, New York Department of Corrections, Ossining, New York, April-August 1986.

Court appointed expert in "McBride v. Farrier" consent decree, Monitor of health care at Iowa State Penitentiary, Fort Madison, Iowa, March 1987-1994.

Testimony at Department of Corrections Public Hearing, "Medical Intake Screening, Minimum Standards for Jails", Office of Inmate Advocacy, State of New Jersey, January 21, 1986.

Health Care Standards Revision Committee, Standards for Health Care in Jail and Prisons, National Commission on Correctional, Chicago, Illinois, February-July 1986.

Legal Services Organization of Indiana, "Inmates of Indiana State Farm v. Orr et al", Indiana State Farm, Putnamville, Indiana, September 6, 1985, Deposition given January 24, 1986.

Site Inspection of Medical Services, Ossining Correctional Facility, Department of Justice New York Department of Corrections, Ossining, New York, February 22-23, 1984.

Testimony for plaintiff concerning death in Arecibo City Jail, "Cristobal Miranda v. Romero Barcello, et al", San Juan, Puerto Rico, January 17-19, 1984.

The Legal AID Society Prisoner's Rights Project, "Vega et al v. Ward et al", Site Visit and Report on Medical Services of Riker's Island hospital (Infirmary), September 20-21, 1984 and October 1990.

Re-certification Review for American Medical Association Jail, Health Services Accreditation, January 5, 1984.

"Newman v. State of Alabama", Deposition given, Montgomery, Alabama, January 1983.

Site Visit San Francisco City Jail, October 1982.

National Prison Project, Inspection and Review of Health Care Systems in State of Alabama Penitentiaries (Foundation, Holman, Tutwiler, Draper Station, Kirby, Hamilton Correctional Centers), 1982.

Site Inspection and Report on Medical Care System, Vanderburgh County Jail, "Fleener et al, v. De Groote", Legal Services of Indiana, Evansville, Indiana, 1982.

Site Visit, Rikers Island, New York City Jail, 1981.

Chairman/Medical Director, Department of Cermak Health Services, Cook County Hospital, Cook County Department of Corrections, 1981-1992.

Ambulatory Services Committee, Cermak Health Services, "Stocker" Report: Recommendation for establishment of comprehensive health services at Cook County Jail, 1979.

Publications

Puisis, M., Editor, Raba, J., Associate Editor, Clinical Practice in Correctional Medicine, Second Edition, Publication Pending, 2005.

Raba, J. "Intake Screening in Correctional Facilities" Clinical Practice in Correctional Medicine, (Chapter) Second Edition, Publication Pending, 2005.

Raba, J. "Sexually Transmitted Diseases in Correctional Population" Clinical Practice in Correctional Medicine, (Chapter), Second Edition, Publication Pending, 2005.

Puisis, M., Editor, Raba, J., Associate Editor, Clinical Practice in Correctional Medicine, First Edition, 1998.

Raba, J., "Mortality in Prisons and Jails" Clinical Practice in Correctional Medicine, (Chapter) p. 301-13, Mosby, Inc. 1998.

Aks, S.; Mansour, M.; Hryhorczuk, D.; Raba, J.; Vandenhork, T. "Barium Sulfide Ingestion in an Urban Correctional Facility Population" Journal of Prison and Jail Health. Vol. 12, No.1, 1993.

Lampiner, T.; Brewer, A.; Raba, J. "HIV In Prison: A Counseling Opportunity" JAMA. Vol. 266, No. 3, July 17, 1991.

Raba, J.; Prentice, R.; Aver, R.; Joseph, H.; Kiyasu, S.; Torres, Brickner, R. "AIDS and Homelessness" Under The Safety Net. The Health and Social Welfare of the Homeless in the United States., (Chapter) P. Brickner, (W.W. Norton Co.), 1990.

Puisis, M.; Raba, J. "Adding on Human Bites to Hepatitis B Prophylaxis" Correct Care, The National Commission on Correctional Health, Col. 2, Issue 3, p. 4, July 1988.

Danielson, J.; Walter, R.; Raba, J.; and Powell, W. "Traumatic Tympanic Membrane Perforations: Experience in a Jail Population" Journal of Prison and Jail Health, Vol.6, Number 1, p. 86-88, Spring 1986-1987.

Raba, J., "Health Care at an Urban Jail" Illinois Medical Journal, Vol. 164, p. 417, November 1983.

Raba, J. And Barrett - Obis, C. "Male Intake Screening at a Large Urban Jail" Journal of Prison Health, Spring/Summer 1983.

Raba, J. "Asymptomatic Gonorrhea at a County Jail," Letter, The Journal of the American Medical Association, Vol. 245, p. 823, June 19, 1979.

Shah, P.; Patel, A.; DiMaria, F.; Vohra, A.; Raba, J. "Polycythemia in Lung Cancer" Clinical Laboratory Haemat, 1979.

Lectures/Presentations

"You be the Judge: A Mock Trial Involving an Inmate's Claim", Updates in Correctional Health Care, National Commission on Correctional Health Care, October 24, 2004.

"The Delivery of Ambulatory Care to the Underserved Urban Population", The Sociology of Health Care Delivery, Masters in Health Administration Program, Rush Medical College, Chicago, Illinois, 1993-1995.

"American Jails: Myths and Realities", Series: Understanding the Health Care Needs of Central City Children, Sinai Samaritan Medical Center, Milwaukee, WI, October 23, 1992.

"Mortality in an Urban Jail, 1981 -1990" 4th World Congress on Prison Health Care, Anchorage, Alaska, May 7, 1991.

"Health Care of Prisoners", American College of Physicians, 72nd Annual Meeting, New Orleans, LA, April 12, 1991.

Law Enforcement and AIDS: Questions of Justice and Care", Conference, Panel Discussant, Departments of Criminal Justice and Social Work, Loyola University of Chicago. Proceedings Published by Bensinger. G. And Rowe. C., Loyola University of Chicago Press, February 1988

"National Commission on Correctional Health Care, Standards for Health Services in Jails Accreditation", 10th Conference on Correctional Health Care, Washington, D.C., October 3, 1987.

"Populations in Correctional Institutions", University of Illinois College of Medicine at Urbana - Champaign, Medicine and Society Seminar Series, Perspectives on Health Care Needs of Special Populations, Champaign, Illinois, April 30, 1986.

"Health Care in an Urban Jail" Northwestern University Medical School, Department of Preventive Medicine, Chicago, Illinois, 1984-1989.

"Correctional Health Care in the USA", Social Medicine Lecture, Cook County Hospital, Chicago, IL, November 28, 1984.

"Medical Intake Screening in Urban Jails", National Commission on Correctional Health Care National Conference on Medical and Health Services in the Correctional Setting, Chicago, Illinois, October 12, 1984.

"Urban Jail Mortality Review", National Commission on Correctional Health Care, National Conference on Medical and Health Services in the Correctional Setting, Chicago, Illinois, October 12, 1984.

"Meningococcal Meningitis in the Correctional Setting", Second World Congress on Prison Health Care, Ottawa, Canada, August 1983.

"Routine Health Maintenance", Illinois Society of Physician Assistants, Chicago, Illinois, June 1981.

Foundations/Boards

Health and Medicine Policy Research Group Board Member, Chicago, Illinois, 1991-1993.

Physician Assistant Program, Advisory Board Member, Medical Director (1987-1990), Vice-Chairman (1990-1992), Malcolm X City-Wide College/Cook County Hospital, 1987-present

Health Care for the Homeless, Robert Wood Johnson, Pew Memorial Foundations National Advisory Board Member, 1984-1988

Awards

Quigley Distinguished Alumni Award, Archbishop Quigley Seminary High School, Chicago, Illinois, March 8, 1994.

Distinguished Award of Merit, National Commission on Correctional Health Care, Chicago, Illinois, November 10, 1989.

Honoree: Public Service in the Field of Health, Health and Medicine Policy Research Group, Chicago, Illinois, March 23, 1985.

Alumnus Community Services Award, St. Mary of the Lake Seminary, Niles College, Chicago Catholic Archdiocese, November 11, 1984.

Mary Roos

Position

Principal, Health Management Associates, Inc., Chicago, Illinois.

Education

MS, Administration, University of Notre Dame.

BS, Health Arts, University of St. Francis.

Registered Nurse, St. Elizabeth Hospital.

Summary of Experience

Before joining HMA in 2005, Ms. Roos served as a senior health care executive with a strong operational and clinical background, full P&L experience, and 25-years of leadership in health care delivery organizations. She is skilled in building effective teams, creating patient-centered environments, and designing innovative solutions that contribute to organizational change. She is a collaborative leader who thrives on solving complex problems, developing high performance teams, and exceeding financial and operational targets.

Professional Experience

HEALTH MANAGEMENT ASSOCIATES, Principal, 2005

Ms. Roos joined HMA in May 2005 and is specializing in the areas of hospital/health system operations and strategic planning.

TROYER GROUP, Vice President Healthcare and Organizational Design, 2003-2005.

At the Troyer group, Ms. Roos served as a member of Healthcare and Senior Living design teams. She supported the creation of patient and resident centered environments and provided leadership to projects. She was also responsible for continuing education for the Healthcare Team.

SAINT JOSEPH REGIONAL MEDICAL CENTER, Chief Operating Officer and Executive Vice President, 2001-2003.

Ms. Roos concurrently served as COO for SJRMC, Inc., executive vice president for Saint Joseph Community Hospital, Mishawaka, Indiana, and as the acting executive vice president for the Saint Joseph Regional Medical Center, South Bend, Indiana. She was responsible for three hospital campuses, a long-term acute care hospital, home health care, support services, new hospital development, and community development and outreach. She was accountable for financial performance, integration, and clinical and service quality for system-wide care delivery. She saved \$1.95 million in 2001 and \$5.9 million in 2002, by designing and implementing operational integration strategies following the November 2000 merger of SJRMC and St. Joseph's Hospital, Mishawaka, as well as designed the \$7 million, 2004 turnaround plan for

the Mishawaka Campus that projects a \$500,000 profit in the first 30 days. She won board approval to build a \$200 million replacement hospital for the South Bend and Mishawaka campuses to ensure quality of patient care. She earned a score of 94 from the Joint Commission in May 2002 for all hospitals and home health services. In January 2003, she earned a score of 98 from the Joint Commission for the Long-Term Acute Care Hospital. She designed a labor reorganization plan that would save \$2.2 million in 2003, and projected savings of \$4.7 million in 2004. She increased Gallup Survey employee satisfaction scores 5% as the result of successfully implementing Gallup's prior year's Action Plans. She managed the construction of a \$1 million, 5500 sq. ft. addition, for a surgical wing and a surgical eye center.

ANCILLA HEALTH CARE, President and Chief Executive Officer, 1998-2000.

Ms. Roos was responsible for the P&L, staff, organizational performance, strategy, planning, and day-to-day operations and administration. She analyzed three potential acquirers to strengthen patient delivery capabilities, drove cost savings, and responded to radical changes in community needs. She served to facilitate the merger with SJRMC collaborating closely with Ancilla Systems, Inc., SJRMC, and the Board of Directors. She led a major cultural transformation by partnering closely with physicians, the management team, and staff to redefine Mishawaka's changing role, and to reinforce the importance of patient-centered focus during and after the merger. She increased patient satisfaction scores 8% for six consecutive quarters by implementing the Planetree philosophy of patient-centered care in a healing environment. In a 1999 survey, she earned a Joint Commission score of 93.

ANCILLA HEALTH CARE, Senior Vice President and Chief Operating Officer, 1998-1998.

Ms. Roos was rapidly promoted to president and CEO. She was responsible for the leadership, organization, direction, planning, implementation, and evaluation of all activities involved in the day-to-day operation and administration of all services. She successfully managed a \$4.45 million, 21,000 sq. ft., construction project that came in on time, and on budget. She generated 8% annual profit margins following the launch of the first community-based outpatient center for Veterans in the state of Indiana.

ANCILLA HEALTH CARE, Senior Vice President of Patient Services, 1995-1998.

Ms. Roos served as a member of the M&A team that planned and implemented the successful merger of St. Joseph's Mishawaka Health Services and Michiana Community Hospital. She directed post-merger patient services to sustain the focus on patient care and ensure that operational efficiencies were achieved. She was responsible for the enhancement of operation of the Healthy Family Center by obtaining grants from the State of Indiana to fund aggressive outreach to underserved and underinsured families in the community. She increased births at Mishawaka Hospital 10% following the creation and operation of the Elkhart Healthy Family Center that focused heavily on prenatal care.

ANCILLA HEALTH CARE, Vice President of Patient Services, 1995-1998.

Ms. Roos led \$9 million construction project teams that included design, construction, provision of patient services, and marketing of Edison Lakes Medical Center, Linden Vale Hospital, Transitional Care Center, Intensive Care Unit, and the Healthy Family Center. She enhanced revenue and improved quality of care by researching and implementing case management and critical paths for 14 DRGs. She also established a stand-alone full service laboratory at St. Joseph Mishawaka Health Services to improve the quality of service while generating additional revenue for the hospital.

ANCILLA HEALTH CARE, Vice President of Nursing, 1998-2000.

ANCILLA HEALTH CARE, Director of Material Child Services, 1987-1990.

ANCILLA HEALTH CARE, Supervisor, Staff Nurse, Genesis Alternative Birth Center 1984-1987.

VARIOUS POSITIONS, 1968-1984:

Over the course of 18 years, Ms. Roos served in various capacities at:

St. Elizabeth's Hospital, Chicago, Illinois

St. Joseph Hospital, Toronto, Ontario

St. Elizabeth VNA, Toronto, Ontario

Office Nurse for PCP, South Bend, Indiana

St. Joseph's Medical Center, South Bend, Indiana

Northwestern Hospital, Chicago, Illinois.

Committees, Boards and Community Involvement:

Board of Directors, Hannah's House, 2004-Present.

Board of Directors , Linden House Senior Living Apartments, 2003-2006.

Chairperson, Diabetes Association Annual Walk-a-Thon, 1999.

Board of Directors , Chamber of Commerce, St. Joseph County, 2001-2003.

Board of Directors, Women's Care Center, 1998-2005.

Board of Directors , Southfield Intergenerational Community, 1998-2001.

Past Chair of Executive Committee, American Red Cross, St. Joseph County, 1997-2003

Community Nursing Advisory Council, Indiana University, 1997-1999.

Eucharistic Minister, St. Joseph Parish, South Bend, 1984 to Present.

Professional Qualifications and Affiliations:

American Organization of Nurse Executives

Indiana Organization of Nurse Executives

Association of Women's Health, Obstetric and Neonatal Nurses

Center for Healthcare Design

Indiana Rural Health Association

Karen A. Cronin

Position

Senior Consultant, Health Management Associates, Inc., Chicago, Illinois,

Education

Master of Public Policy, University of Chicago, Harris School of Public Policy Studies, Concentration in Health Policy, 1995.

Certificate in Health Administration, University of Chicago, Center for Health Administration Studies, 1995.

Bachelor of Arts in English, University of Colorado, 1977.

Professional Experience

HEALTH MANAGEMENT ASSOCIATES, INC., Senior Consultant, October 2006-present.

JOHN H. STROGER, JR. HOSPITAL OF COOK COUNTY, Chicago, Illinois, Consultant and Acting Administrator, Department of Planning, Education and Research, 2003 – October 2006.

- Conducted an assessment of department operations and procedures.
- Recommended and implemented operational improvements that included rotating student and resident processing, development of a student database, and electronic methods of communicating with institutions and students regarding rotations.
- Developed and strengthened relationships with Chicago area affiliates who send and/or receive housestaff physicians and students for educational rotations.
- Conducted a review of all hospital educational agreements, and worked with hospital Residency Program Directors, the Cook County Assistant State's Attorneys and staff at affiliate institutions to initiate and/or update relevant agreements and program addenda.
- Implemented new Medicare reporting and reimbursement procedures for resident services
 - Served as principal contact for the 2005 audit of the hospital's FY2003 Medicare report. Worked directly with auditors to reinstate @ \$659K they originally denied.
- Prepared for and participated in the 2006 Accreditation Council for Graduate Medical Education (ACGME) Institutional Review.

JOHN H. STROGER, JR. HOSPITAL OF COOK COUNTY, Chicago, Illinois, Consultant to the Medical Director, 2000-2003.

- Originally hired to prepare the hospital credentialing office for the 2000 Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Survey.

- Conducted a detailed survey of current credentialing practices in the Medical Director's office and in hospital departments.
- Detailed deficiencies, and recommended and implemented a corrective action plan.
- Participated in the successful 2000 JCAHO survey.
- Continued work in the hospital to improve credentialing operations and strengthen the hospital credentials committee.
- Developed initial plans for a credentials verification office (CVO) that would serve all institutions within the Cook County Bureau of Health Services.
- Recruited and oriented a permanent CVO Director.

COOK COUNTY BUREAU OF HEALTH SERVICES, Consultant to the Director of Managed Care, 1996-1999.

Originally hired to review, compare and evaluate responses to the County's RFP for a management service organization (MSO) to support Cook County's managed care plan *CountyCare*, a prepaid health plan to serve Medicaid women and children. After this initial project, continued to work with the Director on the start-up and continuing operations of *CountyCare*.

- Collected initial data on *CountyCare* providers and sites.
- Developed the first provider directory for members.
- Developed patient question and answer informational materials.
- Served as liaison with the Illinois Department of Public Aid for compliance and reporting, including provider and site enrollment, provider and site changes, and the monthly provider affiliation report.
- Served as liaison to providers; prepared and distributed eligibility and utilization reports.

ARVADA HIGH SCHOOL, Arvada Colorado, English Teacher, 1977-1979.

Volunteer Activities

Tutor, Chicago Lights Partners in Education Program

Work one on one with the same student throughout the school year in a youth outreach and education program that serves children living in Chicago's economically disadvantaged neighborhoods.

Doula, Stroger Cook County Hospital

Provide continuous support to pregnant women incarcerated in the Cook County Jail when they are admitted to Stroger hospital for labor and delivery.

Steven M. Perlin

Position

Senior Consultant, Health Management Associates, Inc., Chicago, Illinois.

Education

Master of Business Administration, concentration in Finance.

The George Washington University, Washington, DC, 1988.

Bachelor of Science, University of Wisconsin, Madison, Wisconsin, 1985.

Professional Experience

HEALTH MANAGEMENT ASSOCIATES, Senior Consultant, January 2004-present.

Steve Perlin is a senior consultant in the Chicago office of Health Management Associates. He provides financial, policy, and reimbursement guidance to providers, associations, and local and state governments on issues relating to Medicaid, Medicare, and the uninsured.

ILLINOIS HOSPITAL ASSOCIATION (IHA), Naperville, Illinois

Vice President, August 2000-January 2004

Assistant Vice President, January 1998-August 2000

Senior Director, Finance, January 1995-December 1997

Director, Finance, February 1993-December 1994

Senior Manager, Finance, August 1991-January 1993

Manager, Finance, February 1989-July 1991

Major Responsibilities

Policy: Serve as IHA expert on financial, policy, and operational aspects of Illinois Medicaid program. Work with the leadership of the Illinois Department of Public Aid (IDPA) and the Illinois Bureau of the Budget on Medicaid policy and reimbursement issues. Provide guidance on Medicare and managed care policy and reimbursement issues.

Advocacy: Perform government relation functions, including bill and rule analysis, advocacy, and testimony. Advise Illinois House and Senate appropriation staff on budget and financing issues relating to hospitals.

Membership: Manage IHA's Medicaid Disproportionate Share Hospital (DSH) Constituency. Communicate daily with CEOs and CFOs on topics relating to health care policy and reimbursement. Create opportunities for members to dialogue with state agencies, interact with legislative leaders, and provide guidance on policy and advocacy issues. Develop education and networking events.

Serve on the IHA Member Relations Team. Provide guidance on issues relating to membership satisfaction, member retention, and member recruitment.

Education: Develop successful education programs on behalf of the Finance Department. Assist in the design of IHA's annual leadership retreat. Develop and provide presentations and briefings to the Healthcare Financial Management Association (HFMA) and the Metropolitan Chicago Healthcare Council. Manage UB-92 subscription and education efforts.

Business Development: Counsel IHA for-profit division on business ventures related to Medicaid, Medicare, and financing issues.

Administration: Facilitate the development and management of finance department budget and associated goals. Supervise finance staff. Contribute to the development of IHA strategic plan.

Major Accomplishments

- Conceived and developed \$500 million intergovernmental transfer which funded an expansion of Medicaid payments and facilitated the elimination of the Illinois hospital tax.
- Major contributor to the design, development, and implementation of a resource based Medicaid outpatient reimbursement system that resulted in a gain of more than \$100 million to Illinois hospitals.
- Created advocacy brochure for Disproportionate Share providers to use in discussions with legislators and members of the community.
- Identified strategic opportunity for hospitals to be exempt from Medicaid provider tax, generating savings for member hospitals of nearly \$10 million.
- Developed a networking, policy, and data forum for chief financial officers that generates over \$100,000 annually.
- Co-author of "Covering the Uninsured", a report of the Task Force on the Uninsured
- Spearheaded Medicaid sole community provider and disproportionate share designations for hospitals resulting in gains of over \$10 million.
- Significant contributor to the design and implementation of a Medicaid DRG inpatient reimbursement system that increased hospital revenue by \$250 million annually.
- Created analytical solution that facilitated the establishment of a \$70 million tertiary care program for Illinois hospitals.
- Spearheaded critical financial analyses facilitating communication and negotiations with legislators, IDPA and the governor's office resulting in a \$180 million gain for Illinois hospitals.
- Created strategic education program to empower member hospitals in Medicaid contract negotiations.

GEORGE WASHINGTON UNIVERSITY MEDICAL CENTER, Washington, DC, *Administrative Manager*, June 1986-December 1987

Assisted in the management of Engineering department budget. Analyzed allocations, account levels, encumbrances, and invoices. Represented the department in meetings with other support services. Prepared needs assessment reports.

Professional Activities

Member, Healthcare Financial Management Association (HFMA), 1989-Present

Director, First Illinois HFMA, 2000-Present

Member, Chief Financial Officer Committee 1999-Present

Member, Strategic Planning Committee 1999-Present

IHHA Board liaison, First Illinois HFMA, 1998-Present

IHHA Board liaison, Southern Illinois HFMA, 1994-1997

Member, Chicago Health Executives Forum, 1991-Present

Member, Illinois Taxpayers Federation, 1990-Present

Awards

Award of Recognition for service to First Illinois HFMA during the 1998-1999 program year

Recognized as a member of advanced standing by First Illinois HFMA, 1997

Award of Recognition for the Continuing Education of Health Care Professionals in the Metropolitan Chicago Area, Chicago Health Executives Forum, 1991

Andrew C. Fairgrieve

Position

Research Assistant, Health Management Associates, Inc., Chicago, Illinois.

Education

Currently pursuing Economics BA , Loyola University, Chicago, Illinois.

Professional Experience

HEALTH MANAGEMENT ASSOCIATES, INC., Research Assistant, May 2007-present.

THE GLENWOOD RESTAURANT, Cook, Bartender, Catering, Onekama, Michigan. Summer 2005.

J. MICHAEL COLLINS, Home Restoration and Painting Assistant, Ithaca, New York, Summer 2003.

MICHIGAN HOUSE FISCAL AGENCY, Legislative Intern, Lansing, Michigan, Summer 2001.

Organizational/Leadership

LOYOLA UNIVERSITY CHICAGO BUSINESS ETHICS TEAM, 2006 – Present.

Attending 2007 National Intercollegiate Business Ethics Competition.

LOYOLA UNIVERSITY CHICAGO RESIDENCE HALL GOVERNMENT DIRECTOR OF TECHNOLOGY, 2005-2006.

Managed website and campus-wide electronic elections.

LOYOLA UNIVERSITY CHICAGO RESIDENCE HALL VICE PRESIDENT AND COMMITTEE ADVISOR, 2004-2005.

Managed \$12,000 budget for over 900 on-campus students.

Special Skills

- Trained in journalistic and expository writing.
- Proficient in computer software: Macintosh OS and Microsoft Windows.

Proposal to Provide Management Consulting Services to the Washington Department of Health
Work Request Number 19022

COST PROPOSAL

Staff Name	Title	Professional Hours	Travel Hours	Total Hours	Rate	Professional Cost	*Travel Expenses (airfare, hotel, car, meals)	Incidentals (mail, phone, copying, printing)
Jack Raba, MD	Principal	60	18	78.0	\$225	\$17,550		
Terry Conway	Principal	36	18	54.0	\$225	\$12,150		
Mary Roos, RN	Principal	20		20.0	\$225	\$4,500		
Steve Perlin	Senior Consultant	10		10.0	\$225	\$2,250		
Karen Cronin, MPP	Senior Consultant	45		45.0	\$225	\$10,125		
Andrew Fairgrieve	Research Assistant	10		10.0	\$225	\$2,250		
Epidemiologist	Consultant							
	Subcontractor	5		5.0	\$225	\$1,125		
Invasive Cardiologist	Consultant							
	Subcontractor	2.5		2.5	\$225	\$563		
Cardiothoracic Surgeon	Consultant							
	Subcontractor	2.5		2.5	\$225	\$563		
Totals		191	36	227.0		\$51,075	\$2,400	\$500
TOTAL COST OF THE PROJECT								\$53,975
*Travel expenses estimates: [Airfare for 2: \$700; Hotel for 2: \$300; Meals for 2: \$100; Car: \$100] x 2 trips								
*HMA assumes two trips will be necessary in order to present to the health department and the public. Travel expenses can be reduced by half if only one trip is required.								

*Travel expenses estimates: [Airfare for 2: \$700; Hotel for 2: \$300; Meals for 2: \$100; Car: \$100] x 2 trips

*HMA assumes two trips will be necessary in order to present to the health department and the public. Travel expenses can be reduced by half if only one trip is required.